



State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL

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Peter F. Kilmartin, Attorney General

## Firearms Source Disclosure Statement

| Personal Information            |       |                          |          |
|---------------------------------|-------|--------------------------|----------|
| NAME: _____                     |       |                          |          |
| LAST                            | FIRST | MIDDLE                   |          |
| Other Names: _____              |       |                          |          |
| (Maiden, Nickname, Alias, etc.) |       |                          |          |
| Date of Birth: _____            |       | Social Security #: _____ |          |
| Address: _____                  |       |                          |          |
| STREET                          | CITY  | STATE                    | ZIP CODE |

| Firearm Description  |                                  |
|----------------------|----------------------------------|
| Make: _____          | Caliber: _____                   |
| Model: _____         | Barrel Altered/Cut Off: _____    |
| Serial Number: _____ | Serial Number Obliterated: _____ |

| Criminal Case History    |                         |                                   |
|--------------------------|-------------------------|-----------------------------------|
| Gun Count:               |                         | Original Charge<br>Amended Charge |
| Gun Court Case No: _____ |                         | Co-Ds Yes No                      |
| Offense Date: _____      | Disposition Date: _____ |                                   |
| Defense Attorney: _____  | Sentencing Judge: _____ |                                   |
| Police Department: _____ | CCR #: _____            |                                   |

| Firearm Acquisition History  |         |   |                                |
|--|---------|---|--------------------------------|
| Defendant is legal owner of firearm verified by attached trace form (If this box is checked, proceed to "Firearm Trace Information Section" <input type="checkbox"/> |         |   |                                |
| Purchase Date:   |         | Purchase Price:                             |                                |
| Purchase Location:   |         | New   | Used Stolen                    |
| Seller's Name:   |         |   |                                |
| Other Names Used (Nickname, Alias, etc.):  |         |   |                                |
| Seller's Address:  |         |   |                                |
| Seller's Telephone:  |         | Telephone Used in Sale: Yes No              |                                |
| Prior Firearms Sales: Yes No<br>Explain:   |         | Seller Previously Known: Yes No<br>Explain: |                                |
| Seller's Vehicle:  |         | Witness to Sale:                            |                                |
| Seller's Description if Identity Unknown   |         |   |                                |
| Sex: M F   | Build:  | Hair Color:                                 | Eye Color:                     |
| Height:  | Weight: | Facial Hair:                                |                                |
| Apparent Age: < 18   | 18 — 25 | 25 — 35                                     | 35 — 45 45 — 55 > 55           |
| Race/Nativity Appearance:  | White   | Black                                       | American Indian Asian Hispanic |
| Scars/Marks/Tattoos:   |         | Language Spoken:                            |                                |

| Firearm Trace Information |                         |
|---------------------------|-------------------------|
| Entered into NIBIN        | Entered into DRUGFIRE   |
| ATF Trace attached        | NCIC III Query attached |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **CERTIFICATION**

Upon oath, I declare that I have examined the information contained in this *Firearm Source Disclosure Statement* and, to the best of my knowledge and belief, it is true, correct and complete.

I make the above statements under the pains and penalties of perjury.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

The above-named individual appeared before me and, upon oath having been duly sworn, did acknowledge and sign the above statement under the pains and penalties of perjury at

\_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

**WITNESS PROTECTION PROGRAM OPTIONS DISCUSSED  
WITH COOPERATING DEFENDANT(S)**

**DEFENDANT REFUSES TO COOPERATE IN PROVIDING FIREARM SOURCE INFORMATION  
DEFENDANT CLAIMS NO KNOWLEDGE AS TO FIREARM SOURCE INFORMATION**

\_\_\_\_\_  
Prosecutor's Signature